FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION OMB Number: 3235-0076

Expires: May 31, 2002

Estimated average burden hours per response......1.00

SEC USE ONLY					
Prefix	Serial				
DATE RE	CEIVED				
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SED

Parsons Electric LLC Filing Under (Check box(es) that apply): [] Rule 504
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of issuer ([] check if this is an amendment and name has changed, and indicate change.) Parsons Electric LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Minneapolis, Minnesota 55432 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business Electrical & mechanical contracting & infrastructure services Type of Business Organization [] limited partnership, already formed [] limited partnership, already formed APR 1 8 2 APR
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Minneapolis, Minnesota 55432 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business Electrical & mechanical contracting & infrastructure services Type of Business Organization [] corporation [] limited partnership, already formed [x] other (please specify):
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Zip Code) (if different from Executive Offices) Brief Description of Business Electrical & mechanical contracting & infrastructure services Type of Business Organization [] corporation [] limited partnership, already formed [] other (please specify):
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Brief Description of Business Electrical & mechanical contracting & infrastructure services Type of Business Organization [] corporation [] limited partnership, already formed [x] other (please specify):
Electrical & mechanical contracting & infrastructure services Type of Business Organization [] corporation [] limited partnership, already formed [x] other (please specify):
Type of Business Organization [] corporation [] limited partnership, already formed [x] other (please specify):
[] corporation [] limited partnership, already formed [x] other (please specify):
[] business trust limited partnership, to be formed limited liability company
Month Year
Actual or Estimated Date of Incorporation or 1 1 1 0 1 [x] Actual [] Estimated
Organization:
Jurisdiction of Incorporation or Organization:
CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of
 a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: [] Promoter [x] Beneficial Owner [] Executive Officer [] Director []General and/or Managing Partner
Full Name (Last name first, if individual) Parsons Acquisition Corp.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Whitney & Co., LLC 177 Broad Street, Stamford, Connecticut 06901
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [x] Executive Officer [x] Director []General and/or Managing Partner
Full Name (Last name first, if individual) Moryn, Joel
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Parsons Electric LLC 5960 Main Street NE Minneapolis, Minnesota 55432
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [x] Executive Officer [] Director []General and/or Managing Partner
Full Name (Last name first, if individual) Northquest, Michael
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Parsons Electric LLC 5960 Main Street NE Minneapolis, Minnesota 55432
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [x] Executive Officer [] Director []General and/or Managing Partner
Full Name (Last name first, if individual) Karsky, David
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Parsons Electric LLC 5960 Main Street NE Minneapolis, Minnesota 55432
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [x] Executive Officer [] Director []General and/or Managing Partner
Full Name (Last name first, if individual) Nielsen, David
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Parsons Electric LLC 5960 Main Street NE Minneapolis, Minnesota 55432
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [x] Executive Officer [] Director []General and/or Managing Partner
Full Name (Last name first, if individual) Stone, Steven
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Parsons Electric LLC 5960 Main Street NE Minneapolis, Minnesota 55432
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [x] Executive Officer [] Director []General and/or Managing Partner
Full Name (Last name first, if individual) Jandro, Steven
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Parsons Electric LLC 5960 Main Street NE Minneapolis, Minnesota 55432

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Check Box(es) that Apply: [] Promoter [] Beneficial Owner [x] Executive Officer [] Director []General and/or Managing Partner
Full Name (Last name first, if individual) Moryn, Jeff
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Parsons Electric LLC 5960 Main Street NE Minneapolis, Minnesota 55432
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [x] Director []General and/or Managing Partner
Full Name (Last name first, if individual) Carrabino, Joseph D.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Whitney & Co., LLC 177 Broad Street, Stamford, Connecticut 06901
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [x] Director []General and/or Managing Partner
Full Name (Last name first, if individual) Williams, Robert M.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Whitney & Co., LLC 177 Broad Street, Stamford, Connecticut 06901
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [x] Director []General and/or Managing Partner
Full Name (Last name first, if individual) Vigano, Paul R.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Whitney & Co., LLC 177 Broad Street, Stamford, Connecticut 06901
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [x] Director []General and/or Managing Partner
Full Name (Last name first, if individual)
Langford, Ransom A.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Whitney & Co., LLC 177 Broad Street, Stamford, Connecticut 06901

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					B. INI	ORIVIA	ION ABO	UT OFFE	RING			· · · · · · · · · · · · · · · · · · ·	Yes No
1.					issuer inte n 2, if filin			accredited	d investor	s in this c	offering?		[] [x]
2.	What	t is the mi	nimum ir	vestment	that will l	oe accept	ed from a	any individ	dual? (sul	oject to v	vaiver)	\$ <u>150</u>	0.000.00
													Yes No
3.	Does	the offer	ing perm	t joint ow	nership o	f a single	unit?			•••••			[] [x]
4.	indire of se regist five (ectly, any curities in tered with	commiss the offer the SEC as to be	sion or sing. If a condition of and/or volumes and/or volumes are	d for eac milar remail person to with a sta e associate aler only.	uneration be listed te or stat	for solici is an ass es, list th	tation of p sociated p e name o	ourchase erson or f the brok	rs in conr agent of a cer or dea	nection wi a broker o aler. If m	ith sales or dealer ore than	
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Na	me of	Associate	ed Broker	or Deale	r								
Sta	ites in	Which Pe	erson List	ted Has S	Solicited o	r Intends	to Solicit	Purchase	rs				
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լԻ	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	\$ <u>0</u>
		\$2,342,231.00	
	[] Common [x] Preferred	·	
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$0
	Other (Specify)	\$0	\$ <u>0</u>
	Total	\$2,342,231.00	
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Accredited Investors	7	\$2,342,231.00
	Non-accredited Investors	0	\$ <u>0</u>
	Total (for filings under Rule 504 only)	N/A	\$N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		.
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$ N/A
	Regulation A	N/A	\$ N/A
	Rule 504	N/A_	\$ N/A_
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	[] \$
	Printing and Engraving Costs	[] \$
	Legal Fees	[x	\$ <u>50,000.00</u>
	Accounting Fees	[] \$
	Engineering Fees	[] \$
	Sales Commissions (specify finders' fees separately)	[
	Other Expenses (identify)	[] \$
	Total	[x	\$ <u>50,000.00</u>

	C. OFFERING PRICE, NU	INIBER OF INVESTORS, EXPENSI	E9 AI	ID USE OF PRO	CEEL	/S	
	b. Enter the difference between th Part C - Question 1 and total ex Question 4.a. This difference is the	xpenses furnished in response t	to Pa	rt C -		\$2,292,231.00	
5.	Indicate below the amount of the a proposed to be used for each of purpose is not known, furnish an estimate. The total of the payments to the issuer set forth in response to	the purposes shown. If the amo estimate and check the box to the listed must equal the adjusted gros	ount fo	or any of the			
		,		Payments to Officers, Directors, & Affiliates		Payments To Others	
	Salaries and fees	,	[]	\$	[]	\$	
	Purchase of real estate		[]	\$	[]	\$	
	Purchase, rental or leasing and insta		[]	\$	[]	\$	
	Construction or leasing of plant build	lings and facilities	[]	\$	[]	\$	
	Acquisition of other businesses (inclinvolved in this offering that may be or securities of another issuer pursuant	used in exchange for the assets	[]	\$	[x]	\$ <u>2,292,231.00</u>	
	Repayment of indebtedness	- ·		\$		\$	
	Working capital			\$	[]	\$	
	Other (Specify)	[]	\$	[]	\$	
	Column Totals		[]	\$	[]	\$	
	Total Payments Listed (column total	s added)		[x] \$ <u>2,2</u> 9	92,231	.00	
		D. FEDERAL SIGNATURE					-
un Ex	e issuer has duly caused this notice der Rule 505, the following signature change Commission, upon written re- estors pursuant to paragraph (b)(2) o	constitutes an undertaking by the quest of its staff, the information ful	issuer	to furnish to the	e U.S.	Securities and	
	uer (Print or Type) rsons Electric LLC	Signature Medical Medi	<u> </u>	Date March 28, 20	02		-
	me of Signer (Print or Type) chael Northquest	Title of Signer (Print or Type) Vice President, Treasurer and Se	cretar	у			-

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

APPENDIX

1	Intend t non-act invest St	to sell o credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	а	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes No		Yes No		Amount	Number of Non-Accredite d Investors	Amount	Yes	No		
AL						illvestors	<u></u>				
AK											
AZ								<u> </u>			
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APPENDIX 2 3 5 1 4 Disqualification Type of under State security **ULOE** and aggregate (if yes, attach Intend to sell offering price Type of investor and to non-accredited explanation of investors in State amount purchased in State waiver granted) offered in state (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes No**Investors Investors** Yes No Amount Amount NC ND ОН OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY

PR